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2006 MAR 13 A 9:15

FEC FORM 1 STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In Full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

Friends of Gary Suraci

ADDRESS (number and street) P O Box 864

☐ (Check if address is changed)

CITY ▲ WARRINGERS FALLS STATE ▲ NY ZIP CODE ▲ 12590-1

COMMITTEE'S E-MAIL ADDRESS

GARYS@GARY2006.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.GARY2006.COM

COMMITTEE'S FAX NUMBER

845-298-6240

2. DATE 02 26 2006

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Evelyn Torres

Signature of Treasurer [signature] Date 03 07 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: GARY SURACI

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: NY

District: 19

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

(d) [ ] This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

City | State | ZIP Code

Relationship

Type of Connected Organization

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

26031271 16

FEC Formset (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF GARY SURACI

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: STEPHANIE SEMIDEY

Mailing Address: 14 HARTSDALE RD

ELMSFORD

ELMSFORD | NY | 10523-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CAMPAIGN MANAGER

Telephone number: 914-347-8789

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: EVELYN TORRES

Mailing Address: 10 SIMON DRIVE

WALDEN | NY | 12586-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Tech Prep Coord/TRES

Telephone number: 845-744-5616

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: -

9. Banks or Other Depositories: List all banks or other depositories in which the executive deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address P.O BOX 11

PORT EWEN NY 12466-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ Hand Delivered — Date of Receipt

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JM P — PREPARER

3-13-06 — DATE PREPARED

(3/2005)

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